| | FAIER | II API | PLICA Si | TION F | EE O | ETERMIN | ATIO | RECO | RD | | | Aco | chaye e yeard | OMB | control num |
|--|--------------------------|--|--------------|--------------------|--------------------|-------------------|--------------|--------------|----------|----------------------------|--------------|--------------|---------------|--------------|--|
| 5004 State for Farm PTO-875 Effective December 8, 2004 | | | | | | | | | | | | 10/6 | 5 / | 7376 | |
| • | APP | UCATI | ON AS | FILEO - | PAR | RT I | | •• | | | | | | | \$5-07 |
| · | | · | (Column 1) | | | · (Calumn 2) | | SMALL ENTITY | | | OR. | OTHER THAN | | | |
| FOR | NUMBER FILED | | | MUMBER EXTRA | | | | | _ | | SMALL ENTITY | | | | |
| BASIC FEE DI CFR 1 16(4) (b) or (c)) | | NA | | NIA | | \dashv | RATE | | FEE | _ | | RATE | \$) | PEED | |
| SEARCH FEE (37 CFR 1 16(1), (4, or (44) | | NA | | A1/4 | | | N/A | • | 150.0 | | | NUA | • | 300.00 | |
| EXAMINATION FEE | | N/A | | | . NIA | | 4 | NA | • | \$250 |). | | · NA | | \$500 |
| TOTAL CLARAS | | | | | N/A | | | NA . \$10 | | \$100 | | | · NA | | \$200 |
| DT OFR 1 16(4) INDEPENDENT CLAIMS | | minus 20 « | | | | | - | X\$ 25 | • | | \neg | | X\$50 | | -200 |
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| | | additional 50 sheets or fit 35 U.S.C. 41(a)(1)(G) an | | | alikel dan a | | | | - 1 | • | - [| | | - 1 | |
| | | | | | melina thereat e | | | | - 1 | | | - 1 | | | |
| | | | | | 0 37 CFR 1.16(s). | | | | _ | | | l | | | |
| • | LAM PRESENT (37 CFR 1 16 | | | _ | |] [| +180= | | | | | +360- | 7 | | |
| If the difference in column 1 is less than zero, enter "O | | | | | nyico e | nn 2. · | | TOTAL | T | | ٦ | - | Tora. | + | |
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| 7. | | ABMS | | | mn 2) | (Coluinn 3) | <u>.</u> _ | SMAL | LEN | TITY | • | OR | OTH | RT | HAN , |
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| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (07 CFR 1.160) | | | | | | F. | 180= | † | / | ł | - | | <u> </u> | | |
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| FIRST PRESENTATION OF MATPLE DEPENDENT CLAM (27 CFR 1.16(2)) | | | | | | | | | + | | | | | | |
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luding gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commented in the amount of time you require to complete this form and/or suggestions for reducing this bunden, should be sent to the Chief Individual case. Any commented in Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patients, P.O. Box 1460, Alexandria, VA 22313-1450.